CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

APR - 1 2008

GOVERNOR'S OFFICE

Please type or print in ink.

A Public Document

	TEGAL AFFAIRS
NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
Baker Kanen	n Hallenman
MAILING ADDRESS STREET CITY (May use business address)	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
(May use business indiress)	
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	→ Total number of pages
California Volunteers	including this cover page:
Division, Board, District, if applicable:	→ Check applicable schedules or "No reportable
Office of the Lovernor	Interests."
You Position:	I have disclosed interests on one or more of the attached schedules:
Secretary	Schedule A-1 Yes – schedule attached
If filing for multiple positions, list additional agence	cy(ies)/ Investments (Less than 10% Ownership)
position(s): (Attach a separate sheet if necessar	y.) Schedule A-2 Yes – schedule attached
Agency:	Investments (10% or greater Ownership)
	Schedule B
Position:	Real Property
	Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts
2. Jurisdiction of Office (Check at least on	and Travel Payments)
State	Schedule D
County of	Income – Gifts
☐ City of	
Multi-County	Income - Travel Payments
☐ Other	or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one b	lox)
Assuming Office/Initial Date://_	
↑ Annual: The period covered is January 1, 2007,	5. Verification
through December 31, 2007.	I have used all reasonable diligence in preparing this
-or-	statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any
O The period covered is/, throu December 31, 2007.	gh attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2007, throug date of leaving office.	Date Signed
-or-	
O The period covered is/, through the date of leaving office.	Signature _
□ Candidate	

FPPC Form 700 (2007/2008) FPPC Toll-Free Helpline: 866/ASK-FPPC